

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10684589 FILING DATE 10-15-03
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1	1	1		
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		5		1		
7		0		1		
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TOTAL IND.	1		1			
TOTAL DEP.	32		28			
TOTAL CLAIMS	33		33			

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